

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000116343

FILED
Mar 10, 2009
Secretary of State

Entity Name: FORECLOSURE RECOVERY SERVICES, LLC

Current Principal Place of Business:

132 24TH AVENUE NORTH
ST. PETERSBURG, FL 33704

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7721
ST. PETERSBURG, FL 337347721

New Mailing Address:

FEI Number: 26-3898625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUTCHINS, DEBBIE
330 19TH AVENUE NORTH
ST. PETERSBURG, FL 33704 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HUTCHINS, RICHARD C
Address: 484 BAYVIEW DRIVE N.E.
City-St-Zip: ST. PETERSBURG, FL 33704

Title: MGRM () Delete
Name: GROSSMAN, JANE H
Address: 132 24TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33704

Title: MGRM () Delete
Name: GROSSMAN, HARRY C
Address: 867 23RD AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33704

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HUTCHINS II, RICHARD C
Address: 484 BAYVIEW DRIVE N.E.
City-St-Zip: ST. PETERSBURG, FL 33704

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RICHARD C HUTCHINS II

MGRM

03/10/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date